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CONFIRMATION NO. 1200

<b>SERIAL NUMBER</b> 09/772,394	<b>FILING OR 371(c) DATE</b> 01/30/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> 79731.010100	
<b>APPLICANTS</b> Peter Stangel, Nyack, NY; <b>** CONTINUING DATA *****</b> None <b>** FOREIGN APPLICATIONS *****</b> None <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 03/12/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Dilele B. Labaree</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 19	<b>INDEPENDENT CLAIMS</b> 8
<b>ADDRESS</b> 22191					
<b>TITLE</b> Clinical care utilization management system					
<b>FILING FEE RECEIVED</b> 855	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		